

Epitomes

Important Advances in Clinical Medicine

Dermatology

The Council on Scientific Affairs of the California Medical Association presents the following inventory of items of progress in dermatology. Each item, in the judgment of a panel of knowledgeable physicians, has recently become reasonably firmly established, both as to scientific fact and important clinical significance. The items are presented in simple epitome, and an authoritative reference, both to the item itself and to the subject as a whole, is generally given for those who may be unfamiliar with a particular item. The purpose is to assist busy practitioners, students, researchers, and scholars to stay abreast of these items of progress in dermatology that have recently achieved a substantial degree of authoritative acceptance, whether in their own field of special interest or another.

The items of progress listed below were selected by the Advisory Panel to the Section on Dermatology of the California Medical Association, and the summaries were prepared under its direction.

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Nevi—An Update

NEVI AND THEIR RELATIONSHIP to malignant melanoma continue to be an important and controversial subject. Today in the United States, the risk of melanoma developing is 1 in 105. If the rate increase continues, it is estimated that by the year 2000, the risk will increase to about 1 person in 75. It is still uncommon in nonwhites. Several studies have shown that the risk for malignant melanoma developing is proportional to the number of melanocytic nevi present, even if these are clinically normal. The relative risk is about 1.6 for persons with 11 to 25 nevi, 4.4 for those with 26 to 50 nevi, and 5.4 for those having 51 to 100 nevi. Additional studies have shown a direct relationship between the number of nevi and ultraviolet light exposure. The number of melanocytic nevi seen in a group of Australian students with exposure to intense solar irradiation was ten times greater than the number reported in some other studies of children in areas of relatively low sunlight. Along with the fact that some 30% to 50% of malignant melanomas probably arise in direct association with nevi, these studies emphasize the importance of the sun's role in malignant melanoma. It is therefore imperative that photoprotection—sunscreen, appropriate clothing, limited exposure—be adopted at an early age if we are to stem the dramatic rise in the incidence of malignant melanoma. On an environmental level, ozone depletion as a cause of increased ultraviolet light exposure should continue to be a concern.

The National Institutes of Health Consensus Conference on the Diagnosis and Treatment of Early Malignant Melanoma (January 1992) recommended that atypical moles (atypical or dysplastic nevi) now be called nevi with architectural atypia, with a statement as to the presence and degree of melanocytic atypia. Because this is rather cumbersome terminology, it is unlikely to gain wide acceptance. Atypical moles have macular or papular components and irregular borders. They are usually larger

than common nevi and show color variation ranging from tan to dark brown, often on a pink background. A definite relationship exists between the presence of atypical moles and malignant melanoma either as precursor lesions or, less likely, as cutaneous markers for melanoma. Although all patients with atypical moles are at some increased risk for melanoma developing, those with a few atypical moles without any family history of melanoma are at only slightly greater risk than the general population. For those persons with many atypical moles and a family history of atypical moles with accompanying melanomas, the lifetime risk may be as high as 100%. Therefore, clinico-pathologic correlation is imperative to arrive at a prognosis for patients with atypical moles.

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Look Out for Latex

ALLERGIC REACTIONS TO natural latex rubber, manifested as contact urticaria or allergic contact dermatitis, are probably responsible for at least 10% of occupational skin allergies in industrialized countries. Latex is a substance produced by the laticifer cells in the phloem of the rubber tree, *Hevea brasiliensis*. It is harvested by wounding the trees and collecting the dripping milky latex. Natural latex is processed into rubber by adding various chemicals that include accelerators (carbamates, mercaptobenzo-thiazole, thioureas, naphthylamines, and thiurams), anti-oxidants (*p*-phenylenediamine, butylated hydroxytoluene) emulsifiers, ultraviolet inhibitors (benzophenones, resor-